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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning ending , 2011, and ending , 20 See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section

Print or Type

Florida Hospital Zephyrhills, Inc.

59-2108057

E Unrelated business activity codes (See instructions)

- X 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Number, street, and room or suite no. If a P.O. box, see instructions

7050 Gall Boulevard

City or town, state, and ZIP code

Zephyrhills, FL 33541

531120

C Book value of all assets at end of year

F Group exemption number (See instructions.)

187,605,559

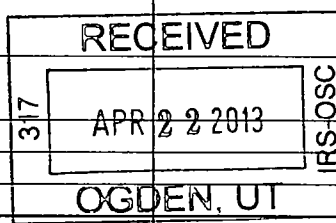
G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ACTIVITY FROM PARTNERSHIPS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X Yes No If "Yes," enter the name and identifying number of the parent corporation. SEE STATEMENT 1

J The books are in care of PAUL ZIEGELE Telephone number 813-783-6100

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts, Cost of goods sold, Capital gain, etc. Total income is 15,511.



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Compensation of officers, Charitable contributions, Depreciation, etc. Total deductions are 798.

SCANNED APR 26 2013

95 16

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ <u>13,713</u>		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34 SEE STATEMENT 2 ▶	35c	<u>4,662</u>
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from. <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	36	
37 Proxy tax. See instructions ▶	37	
38 Alternative minimum tax ▶	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. ▶	39	<u>4,662</u>

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800 (see instructions)	40c	<u>1,919</u>	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e	<u>1,919</u>	
41 Subtract line 40e from line 39.	41	<u>2,743</u>	
42 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax. Add lines 41 and 42	43	<u>2,743</u>	
44 a Payments: A 2010 overpayment credited to 2011	44a	<u>15</u>	
b 2011 estimated tax payments	44b	<u>5,000</u>	
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	44g		
45 Total payments. Add lines 44a through 44g	45	<u>5,015</u>	
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached. ▶ <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶	47		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶	48	<u>2,272</u>	
49 Enter the amount of line 48 you want. Credited to 2012 estimated tax ▶ <u>2,272</u> Refunded ▶	49		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4 a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here [Signature] 4/15/13 **ASSISTANT SECRETARY**
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes rows (1)-(4) and a Totals row.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Includes rows (1)-(4) and a Totals row.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes rows (1)-(4) and a Totals row.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes rows (1)-(4) and a Totals row.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1)-(4) and a Total row.

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to the corporation's tax return.

2011

Name: Florida Hospital Zephyrhills, Inc. Employer identification number: 59-2108057

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

Table with 14 main rows and sub-rows (a-o) for adjustments. Columns include description, sub-row label, and amount. Key values: Line 1: 13,713; Line 3: 13,713; Line 4a: 13,713; Line 5: 13,713; Line 7: 13,713; Line 9: 13,713; Line 10: 2,743; Line 12: 2,743; Line 13: 4,662.

For Paperwork Reduction Act Notice, see the instructions.

Adjusted Current Earnings (ACE) Worksheet

Keep for Your Records

▶ See ACE Worksheet Instructions

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	13,713.00
2	ACE depreciation adjustment:			
a	AMT depreciation	2a		
b	ACE depreciation:			
	(1) Post-1993 property	2b(1)		
	(2) Post-1989, pre-1994 property	2b(2)		
	(3) Pre-1990 MACRS property	2b(3)		
	(4) Pre-1990 original ACRS property	2b(4)		
	(5) Property described in sections 168(f)(1) through (4)	2b(5)		
	(6) Other property	2b(6)		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a		
b	Death benefits from life insurance contracts	3b		
c	All other distributions from life insurance contracts (including surrenders)	3c		
d	Inside buildup of undistributed income in life insurance contracts	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P			
a	Certain dividends received	4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b		
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a		
b	Circulation expenditures	5b		
c	Organizational expenditures	5c		
d	LIFO inventory adjustments	5d		
e	Installment sales	5e		
f	Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	13,713.00

Explanation of Change to Form 990-T, Part IV:

Net decrease of \$2,743 in general business credit utilized in 2011 due to the limitation provisions of IRC Section 38(c)(1)

	As Originally Reported	Net Change	Correct Amount
Line 40c - General Business Credit. Attach 3800	4,662	(2,743)	1,919
Line 40e - Total credits.	4,662	(2,743)	1,919
Line 43 - Total Tax	-	2,743	2,743
Line 48 - Overpayment	5,015	(2,743)	2,272
Line 49 - amount of line 48 you want: Credited to 2012 estimated tax	5,015	(2,743)	2,272

On the originally filed return, the general business credit allowed in 2011 was not limited in accordance with the provisions of IRC Section 38(c)(1). This amended return limits the general business credit allowed in 2011 to an amount that does not exceed the taxpayer's net income tax over the taxpayer's tentative minimum tax for 2011.

SCHEDULE O (Form 1120)

Consent Plan and Apportionment Schedule for a Controlled Group

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Attach to Form 1120, 1120-G, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC. See separate instructions.

2011

Name: Florida Hospital Zephyrhills, Inc. Employer identification number: 59-2108057

Part I Apportionment Plan Information

1 Type of controlled group:

- a [X] Parent-subsidiary group
b [] Brother-sister group
c [] Combined group
d [] Life insurance companies only

2 This corporation has been a member of this group:

- a [X] For the entire year.
b [] From [] , until []

3 This corporation consents and represents to:

- a [] Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on [] , and for all succeeding tax years.
b [] Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending [] , and for all succeeding tax years.
c [] Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
d [X] Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on DECEMBER 31, 2011 , and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a [] Elected by the component members of the group.
b [X] Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a [] No apportionment plan is in effect and none is being adopted.
b [] An apportionment plan is already in effect. It was adopted for the tax year ending [] , and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a [] Yes.
(i) [] The statute of limitations for this year will expire on [] .
(ii) [] On [] , this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until [] .
b [] No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a [] The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
b [] The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
c [] The corporation has a short tax year that does not include December 31.

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr/Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	Adventist GlenOaks Hospital 36-3208390	11-12	0.	0.	0.	0.	0.	
2	Adventist Health Partners, Inc. 36-4138353	11-12	0.	0.	0.	0.	0.	
3	Adventist Health System Georgia, Inc. 58-1425000	11-12	0.	0.	0.	0.	0.	
4	Adventist Health System Sunbelt Healthcare Corporation 59-2170012	11-12	50,000.	25,000.	65,001.		140,001.	
5	Adventist Health System/ Sunbelt, Inc. 59-1479658	11-12	0.	0.	1,960,368.		1,960,368.	
6	Adventist Hinsdale Hospital 36-2276984	11-12	0.	0.	894,879.		894,879.	
7	AHS Midwest Management, Inc. 36-3354567	11-12	0.	0.	0.		0.	
8	AHS Services, Inc. 75-2049583	11-12	0.	0.	0.		0.	
9	Apopka Medical Plaza Condo Association, Inc. 59-3000857	11-12	0.	0.	1,091.		1,091.	
10	Arapahoe Medical Building I, Inc. 84-1574506	11-06	0.	0.	12,511.		12,511.	
11	Arapahoe Medical Building II, Inc. 84-1574507	11-06	0.	0.	12,511.		12,511.	
12	Central Texas Healthcare Collaborative (11/2-12/31/11) 45-3739929	11-12	0.	0.	0.		0.	
	Total		50,000.	25,000.	3,759,993.		3,834,993.	

Schedule O (Form 1120) (2011)

"As Amended"

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	Central Texas Medical Associates 74-2729873	11-12	0.	0.	0.	0.	0.	
2	Central Texas Provider's Network 74-2827652	11-12	0.	0.	0.	0.	0.	
3	Chippewa Valley Hospital & Oakview Care Center, Inc. 39-1365168	11-12	0.	0.	996.	0.	996.	
4	Fletcher Hospital, Inc. 56-0543246	11-12	0.	0.	0.	0.	0.	
5	Florida Hospital College of Health Sciences, Inc. 59-3069793	11-06	0.	0.	0.	0.	0.	
6	Florida Hospital Flagler Medical Offices Association, Inc. 26-2158309	11-12	0.	0.	0.	0.	0.	
7	Florida Hospital Healthcare System, Inc. 59-3215680	11-12	0.	0.	217,015.	0.	217,015.	
8	Florida Hospital Medical Group, Inc. 59-3214635	11-12	0.	0.	16,012.	0.	16,012.	
9	Florida Hospital Waterman, Inc. 59-3140669	11-12	0.	0.	0.	0.	0.	
10	Florida Hospital Zephyrhills, Inc. 59-2108057	11-12	0.	0.	13,713.	0.	13,713.	
11	Florida Memorial Health Network, Inc. 59-3403558	11-12	0.	0.	0.	0.	0.	
12	Harvard Park East, Inc. 84-1574365	11-06	0.	0.	12,318.	0.	12,318.	
Total								

Schedule O (Form 1120) (2011)

"As Amended"

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	Helen Ellis Memorial Hospital Real Estate Corp	11-12	0.	0.	0.	0.	0.	
2	Huguley Alliance Foundation	11-12	0.	0.	0.	0.	0.	
3	Huguley Community Care Corporation (5/20-12/31/11)	11-12	0.	0.	0.	0.	0.	
4	Huguley Medical Associates, Inc.	11-12	0.	0.	0.	0.	0.	
5	Memorial Health Systems, Inc.	11-12	0.	0.	34,582.	0.	34,582.	
6	Memorial Hospital Flagler, Inc.	11-12	0.	0.	287,010.	0.	287,010.	
7	Memorial Hospital - West Volusia, Inc.	11-12	0.	0.	60,730.	0.	60,730.	
8	Memorial Hospital, Inc.	11-12	0.	0.	159,217.	0.	159,217.	
9	Midwest Management Services, Inc.	11-12	0.	0.	0.	0.	0.	
10	North American Health Services, Inc. & Subs	11-12	0.	0.	0.	0.	0.	
11	Park Ridge Property Owner's Association, Inc.	11-12	0.	0.	0.	0.	0.	
12	Porter Affiliated Health Services, Inc.	11-06	0.	0.	0.	0.	0.	
Total								

Schedule O (Form 1120) (2011)

"As Amended"

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	Porter Medical Plaza, Inc. 84-1574369	11-06	0.	0.	12,039.		12,039.	
2	Portercare Adventist Health System 84-0438224	11-06	0.	0.	0.		0.	
3	Princeton Professional Services, Inc. 59-1191045	11-12	0.	0.	0.		0.	
4	San Marcos Regional MRI, Inc. 77-0597968	11-12	0.	0.	0.		0.	
5	Shawnee Mission Medical Center, Inc. 48-0637331	11-12	0.	0.	0.		0.	
6	Southeast Volusia Medical Services, Inc. (10/1/10-6/30/11) 59-3287185	11-06	0.	0.	0.		0.	
7	Southwest Volusia Healthcare Corporation 59-3149293	11-12	0.	0.	0.		0.	
8	Sunbelt Health Care Centers, Inc. 58-1473135	11-12	0.	0.	0.		0.	
9	The Garden Retirement Community, Inc. 59-3414055	11-12	0.	0.	0.		0.	
10	UCH Services, Inc. 59-3508454	11-12	0.	0.	0.		0.	
11	West Coast Medical Group, Inc. 59-3537305	11-12	0.	0.	0.		0.	
12								
Total								

Schedule O (Form 1120) (2011)

"As Amended"

Part III Income Tax Apportionment (See instructions)

	(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
		(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1	Adventist GlenOaks Hospital	0.	0.	0.	0.	0.	0.	
2	Adventist Health Partners, Inc.	0.	0.	0.	0.	0.	0.	
3	Adventist Health System Georgia, Inc.	0.	0.	0.	0.	0.	0.	
4	Adventist Health System Sunbelt Healthcare Corporation	7,500.	6,250.	22,100.		11,750.		47,600.
5	Adventist Health System/Sunbelt, Inc.	0.	0.	666,525.		0.		666,525.
6	Adventist Hinsdale Hospital	0.	0.	304,259.		0.		304,259.
7	AHS Midwest Management, Inc.	0.	0.	0.		0.		
8	AHS Services, Inc.	0.	0.	0.		0.		
9	Apopka Medical Plaza Condo Association, Inc.	0.	0.	371.		0.		371.
10	Arapahoe Medical Building I, Inc.	0.	0.	4,254.		0.		4,254.
11	Arapahoe Medical Building II, Inc.	0.	0.	4,254.		0.		4,254.
12	Central Texas Healthcare Collaborative (11/2-12/31/11)	0.	0.	0.		0.		
	Total	7,500.	6,250.	1,278,398.		11,750.		1,303,898.

Schedule O (Form 1120) (2011)

"As Amended"

Part III Income Tax Apportionment (See instructions)

		Income Tax Apportionment							
	(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total Income tax (combine lines (b) through (g))	
1	Central Texas Medical Associates	0.	0.	0.	0.	0.	0.		
2	Central Texas Provider's Network	0.	0.	0.	0.	0.	0.		
3	Chippewa Valley Hospital & Oakview Care Center, Inc.	0.	0.	339.	0.	0.	0.	339.	
4	Fletcher Hospital, Inc.	0.	0.	0.	0.	0.	0.		
5	Florida Hospital College of Health Sciences, Inc.	0.	0.	0.	0.	0.	0.		
6	Florida Hospital Flagler Medical Offices Association, Inc.	0.	0.	0.	0.	0.	0.		
7	Florida Hospital Healthcare System, Inc.	0.	0.	73,785.	0.	0.	0.	73,785.	
8	Florida Hospital Medical Group, Inc.	0.	0.	5,444.	0.	0.	0.	5,444.	
9	Florida Hospital Waterman, Inc.	0.	0.	0.	0.	0.	0.		
10	Florida Hospital Zephyrhills, Inc.	0.	0.	4,662.	0.	0.	0.	4,662.	
11	Florida Memorial Health Network, Inc.	0.	0.	0.	0.	0.	0.		
12	Harvard Park East, Inc.	0.	0.	4,188.	0.	0.	0.	4,188.	
Total									

Schedule O (Form 1120) (2011)

"As Amended"

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1 Helen Ellis Memorial Hospital Real Estate Corp	0.	0.	0.	0.	0.	0.	
2 Huguley Alliance Foundation	0.	0.	0.	0.	0.	0.	
3 Huguley Community Care Corporation (5/20-12/31/11)	0.	0.	0.	0.	0.	0.	
4 Huguley Medical Associates, Inc.	0.	0.	0.	0.	0.	0.	
5 Memorial Health Systems, Inc.	0.	0.	11,758.	0.	0.	0.	11,758.
6 Memorial Hospital Flagler, Inc.	0.	0.	97,583.	0.	0.	0.	97,583.
7 Memorial Hospital - West Volusia, Inc.	0.	0.	20,648.	0.	0.	0.	20,648.
8 Memorial Hospital, Inc.	0.	0.	54,134.	0.	0.	0.	54,134.
9 Midwest Management Services, Inc.	0.	0.	0.	0.	0.	0.	
10 North American Health Services, Inc. & Subs	0.	0.	0.	0.	0.	0.	
11 Park Ridge Property Owner's Association, Inc.	0.	0.	0.	0.	0.	0.	
12 Porter Affiliated Health Services, Inc.	0.	0.	0.	0.	0.	0.	
Total							

Schedule O (Form 1120) (2011)

"As Amended"

Part III Income Tax Apportionment (See instructions)

		Income Tax Apportionment						
(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))	
1 Porter Medical Plaza, Inc.	0.	0.	4,094.	0.	0.	0.	4,094.	
2 Portercare Adventist Health System	0.	0.	0.	0.	0.	0.		
3 Princeton Professional Services, Inc.	0.	0.	0.	0.	0.	0.		
4 San Marcos Regional MRI, Inc.	0.	0.	0.	0.	0.	0.		
5 Shawnee Mission Medical Center, Inc.	0.	0.	0.	0.	0.	0.		
6 Southeast Volusia Medical Services, Inc. (10/1/10-6/30/11)	0.	0.	0.	0.	0.	0.		
7 Southwest Volusia Healthcare Corporation	0.	0.	0.	0.	0.	0.		
8 Sunbelt Health Care Centers, Inc.	0.	0.	0.	0.	0.	0.		
9 The Garden Retirement Community, Inc.	0.	0.	0.	0.	0.	0.		
10 UCH Services, Inc.	0.	0.	0.	0.	0.	0.		
11 West Coast Medical Group, Inc.	0.	0.	0.	0.	0.	0.		
12								
Total								

Schedule O (Form 1120) (2011)

"As Amended"

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments				
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1	Adventist GlenOaks Hospital	0.	0.	0.	0.	0.
2	Adventist Health Partners, Inc.					0.
3	Adventist Health System Georgia, Inc.					0.
4	Adventist Health System					0.
5	Sunbelt Healthcare Corporation	250,000.	40,000.	150,000.	1,000,000.	0.
6	Adventist Health System/Sunbelt, Inc.					0.
7	Adventist Hinsdale Hospital					0.
8	AHS Midwest Management, Inc.					0.
9	AHS Services, Inc.					0.
10	Apopka Medical Plaza Condo Association, Inc.					0.
11	Arapahoe Medical Building I, Inc.					0.
12	Arapahoe Medical Building II, Inc.					0.
	Central Texas Healthcare Collaborative (11/2-12/31/11)					0.
	Total	250,000.	40,000.	150,000.	1,000,000.	0.

Schedule O (Form 1120) (2011)

"As Amended"

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments				(f) Other
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	
1	Central Texas Medical Associates					0.
2	Central Texas Provider's Network					0.
3	Chippewa Valley Hospital & Oakview Care Center, Inc.					0.
4	Fletcher Hospital, Inc.					0.
5	Florida Hospital College of Health Sciences, Inc.					0.
6	Florida Hospital Flagler Medical Offices Association, Inc.					0.
7	Florida Hospital Healthcare System, Inc.					0.
8	Florida Hospital Medical Group, Inc.					0.
9	Florida Hospital Waterman, Inc.					0.
10	Florida Hospital Zephyrhills, Inc.					0.
11	Florida Memorial Health Network, Inc.					0.
12	Harvard Park East, Inc.					0.
Total						0.

Schedule O (Form 1120) (2011)

"As Amended"

Part IV Other Apportionments (See instructions)

		Other Apportionments				
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other	
1 Helen Ellis Memorial Hospital Real Estate Corp					0.	
2 Huguley Alliance Foundation					0.	
3 Huguley Community Care Corporation (5/20-12/31/11)					0.	
4 Huguley Medical Associates, Inc.					0.	
5 Memorial Health Systems, Inc.					0.	
6 Memorial Hospital Flagler, Inc.					0.	
7 Memorial Hospital - West Volusia, Inc.					0.	
8 Memorial Hospital, Inc.					0.	
9 Midwest Management Services, Inc.					0.	
10 North American Health Services, Inc. & Subs					0.	
11 Park Ridge Property Owner's Association, Inc.					0.	
12 Porter Affiliated Health Services, Inc.					0.	
Total						

Schedule O (Form 1120) (2011)

"As Amended"

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments				(f) Other
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	
1	Porter Medical Plaza, Inc.					0.
2	Portercare Adventist Health System					0.
3	Princeton Professional Services, Inc.					0.
4	San Marcos Regional MRI, Inc.					0.
5	Shawnee Mission Medical Center, Inc.					0.
6	Southeast Voiusia Medical Services, Inc. (10/1/10-6/30/11)					0.
7	Southwest Voiusia Healthcare Corporation					0.
8	Sunbelt Health Care Centers, Inc.					0.
9	The Garden Retirement Community, Inc.					0.
10	UCH Services, Inc.					0.
11	West Coast Medical Group, Inc.					0.
12						
Total						

Schedule O (Form 1120) (2011)

"As Amended"

Name(s) shown on return

Identifying number
59-2108057

Florida Hospital Zephyrhills, Inc.

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	7,882
2	Passive activity credits from line 2 of all Parts III with box B checked <input type="text" value="2"/>		
3	Enter the applicable passive activity credits allowed for 2011 (see instructions)	3	
4	Carryforward of general business credit to 2011. Enter the amount from line 2 of Part III with box C checked. See instructions for schedule to attach	4	
5	Carryback of general business credit from 2012. Enter the amount from line 2 of Part III with box D checked (see instructions)	5	
6	Add lines 1, 3, 4, and 5	6	7,882

Part II Allowable Credit

7	Regular tax before credits: • Individuals. Enter the amount from Form 1040, line 44, or Form 1040NR, line 42 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return	7	4,662
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	8	- 0 -
9	Add lines 7 and 8	9	4,662
10a	Foreign tax credit	10a	
10b	Personal credits from Form 1040 or 1040NR (see instructions)	10b	
10c	Add lines 10a and 10b	10c	0
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16a	11	4,662
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	4,662
13	Enter 25% (25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	0
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	14	2,743
15	Enter the greater of line 13 or line 14	15	2,743
16a	Subtract line 15 from line 11. If zero or less, enter -0-	16a	1,919
16b	For a corporation electing to accelerate the research credit, enter the bonus depreciation amount attributable to the research credit (see instructions)	16b	
16c	Add lines 16a and 16b	16c	1,919
17a	Enter the smaller of line 6 or line 16c C corporations: See the line 17a instructions if there has been an ownership change, acquisition, or reorganization	17a	1,919
17b	Enter the smaller of line 6 or line 16a. If you made an entry on line 16b, go to line 17c, otherwise, skip line 17c (see instructions)	17b	1,919
17c	Subtract line 17b from line 17a. This is the refundable amount for a corporation electing to accelerate the research credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)	17c	0

Part II Allowable Credit (Continued)

Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26

18	Multiply line 14 by 75% (75) (see instructions)	18	0
19	Enter the greater of line 13 or line 18	19	0
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17b from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2011 (see instructions)	24	
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	4,662
28	Add lines 17b and 26.	28	1,919
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	2,743
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Enter the total eligible small business credit from line 6 of all Parts III with box E checked	31	
32	Passive activity credits from line 5 of all Parts III with box B checked and line 6 of all Parts III with box F checked.	32	
33	Enter the applicable passive activity credits allowed for 2011 (see instructions)	33	
34	Carryforward of business credit to 2011. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for schedule to attach	34	
35	Carryback of business credit from 2012. Enter the amount from line 5 of Part III with box D checked and line 6 of Part III with box H checked (see instructions)	35	
36	Add lines 30, 31, 33, 34, and 35	36	0
37	Enter the smaller of line 29 or line 36.	37	0
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Form 1040, line 53, or Form 1040NR, line 50 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	1,919

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- | | | | | | |
|----------|-------------------------------------|---|----------|--------------------------|--|
| A | <input checked="" type="checkbox"/> | General Business Credit From a Non-Passive Activity | E | <input type="checkbox"/> | Eligible Small Business Credit From a Non-Passive Activity |
| B | <input type="checkbox"/> | General Business Credit From a Passive Activity | F | <input type="checkbox"/> | Eligible Small Business Credit From a Passive Activity |
| C | <input type="checkbox"/> | General Business Credit Carryforwards | G | <input type="checkbox"/> | Eligible Small Business Credit Carryforwards |
| D | <input type="checkbox"/> | General Business Credit Carrybacks | H | <input type="checkbox"/> | Eligible Small Business Credit Carrybacks |

I If you are filing more than one Part III with box A, B, E, or F checked, complete and attach first an additional Part III combining amounts from all Parts III with box A, B, E, or F checked. Check here if this is the consolidated Part III

(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note:	On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b	Reserved for future use	1b	
c	Increasing research activities (Form 6765)	1c	
d	Low-income housing (Form 8586, Part I only)	1d	
e	Disabled access (Form 8826) (do not enter more than \$5,000 in column (c) of Parts III with box A, B, E, or F checked, combined)	1e	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g	Indian employment (Form 8845)	1g	
h	Orphan drug (Form 8820)	1h	
i	New markets (Form 8874)	1i	
j	Small employer pension plan startup costs (Form 8881) (do not enter more than \$500 in column (c) of Parts III with box A, B, E, or F checked, combined)	1j	
k	Employer-provided child care facilities and services (Form 8882)	1k	
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m	Low sulfur diesel fuel production (Form 8896)	1m	
n	Distilled spirits (Form 8906)	1n	
o	Nonconventional source fuel (Form 8907)	1o	
p	Energy efficient home (Form 8908)	1p	
q	Energy efficient appliance (Form 8909)	1q	
r	Alternative motor vehicle (Form 8910)	1r	
s	Alternative fuel vehicle refueling property (Form 8911)	1s	
t	Reserved for future use	1t	
u	Mine rescue team training (Form 8923)	1u	
v	Agricultural chemicals security (Form 8931) (do not enter more than \$2 million in column (c) of Parts III with box A, B, E, or F checked, combined)	1v	
w	Employer differential wage payments (Form 8932)	1w	
x	Carbon dioxide sequestration (Form 8933)	1x	
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z	Qualified plug-in electric vehicle (Form 8834, Part I only)	1z	
aa	New hire retention (Form 5884-B)	1aa	7,882
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz	Other	1zz	
2	Add lines 1a through 1zz and enter here	2	7,882
3	Enter the amount from Form 8844	3	
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	
b	Work opportunity (Form 5884)	4b	
c	Alcohol and cellulosic biofuel fuels (Form 6478)	4c	
d	Low-income housing (Form 8586, Part II)	4d	
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g	Qualified railroad track maintenance (Form 8900)	4g	
h	Small employer health insurance premiums (Form 8941)	4h	
i	Reserved for future use	4i	
j	Reserved for future use	4j	
z	Other	4z	
5	Add lines 4a through 4z and enter here	5	0
6	Add lines 2, 3, and 5	6	7,882

Explanation of Change to Form 3800, Part II:

Net decrease of \$2,743 in general business credit utilized in 2011 due to the limitation provisions of IRC Section 38(c)(1)

	As Originally Reported	Net Change	Correct Amount
Line 14 - Tentative minimum tax	-	2,743	2,743
Line 15 - Enter the greater of line 13 or line 14	-	2,743	2,743
Line 16a - Subtract line 15 from line 11	4,662	(2,743)	1,919
Line 16c - Add lines 16a and 16b	4,662	(2,743)	1,919
Line 17a - Enter the smaller of line 6 or line 16c	4,662	(2,743)	1,919
Line 17b - Enter the smaller of line 6 or line 16a	4,662	(2,743)	1,919
Line 28 - Add lines 17b and 26	4,662	(2,743)	1,919
Line 29 - Subtract line 28 from line 27	-	2,743	2,743
Line 38 - Credit allowed for the current year	4,662	(2,743)	1,919

On the originally filed return, the general business credit allowed in 2011 was not limited in accordance with the provisions of IRC Section 38(c)(1). This amended return limits the general business credit allowed in 2011 to an amount that does not exceed the taxpayer's net income tax over the taxpayer's tentative minimum tax for 2011.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

CORPORATION'S NAME

IDENTIFYING NO

ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORP.

59-2170012

FORM 990-T	TAX COMPUTATION	STATEMENT	2
1.	TAXABLE INCOME	13,713	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	0	
3.	LINE 1 LESS LINE 2	13,713	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0	
5.	LINE 3 LESS LINE 4	13,713	
6.	INCOME SUBJECT TO 34% TAX RATE	13,713	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	0	
9.	25 PERCENT OF LINE 4	0	
10.	34 PERCENT OF LINE 6	4,662	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX.	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		<u>4,662</u>

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only [X]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Table with 3 columns: Type or print, Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Social security number (SSN). File by the due date for filing your return. See instructions.

Enter the Return code for the return that this application is for (file a separate application for each return) [07]

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Lists various forms like Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above).

PAUL ZIEGELE

The books are in the care of 7050 GALL BLVD. - ZEPHYRHILLS, FL 33541 Telephone No. (813) 783-6100 FAX No. (813) 783-6196

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for: [X] calendar year 2011 or [] tax year beginning , and ending .

If the tax year entered in line 1 is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period

Table with 3 columns: Description, 3a, 3b, 3c. Rows include tentative tax, refundable credits, and balance due.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.